

Paws for Freedom

18700 182nd Street
Tonganoxie, KS 66086
Phone: (913) 208-6326
Website: www.pawsforfreedom.org
Email address: pffinfo@gmail.com

Application

Date: _____

Please check the type of dog you are applying for:

___ Service dog (public access)

___ Companion dog (no public access)

First Name: _____

Last Name: _____

Address: _____

Telephone: (H) _____

(W) _____

Cell phone: _____

Fax: _____

E-mail Address: _____

Place of Employment: _____

If you do not live in a metropolitan area, please tell us the major city closest to you and describe where it is in relation to your residence. _____

Date of Birth: _____

Are you male or female? _____

Name of Nearest Relative: _____

Relationship: _____

Phone Number(s): _____

Address: _____

Marital Status: Single ___ Married ___ Divorced ___

What is your primary disability? _____

What caused your disability and at what age? _____

Please list secondary disabilities, if any: _____

Is your disability progressive? _____

Approximate weight and height? _____

Please check all that apply:

What are the effects of your disability?

Deafness Speech Impairment Reduced Stamina Hearing Loss

Coordination Problems Limited Mobility Memory Loss Spasticity

Slowed Development Vision Impairment Muscular Weakness

Other: _____

Do you have any problems with:

Allergies Chronic Pain Heightened Emotions Depression

Skin Sensitivity Balance Brittle Bones Heat/Cold Sensitivity

Seizures – If yes, what type and how often? _____

Also, what treatments or medication are you using or have you used to control your seizures? _____

Do you use any of the following aids or assistive devices?

Prosthesis Leg Brace Electric Wheelchair Manual Wheelchair

Wrist Brace Hearing Aid Crutch/Cane Walker

Other: _____

Are you active in the military, a veteran, or a dependent of an active member of the military or veteran? If yes, please explain. _____

Primary Care Physician, PT, OT and/or other Health Professional important to your care (Please list with phone numbers): _____

Are you, or anyone who currently resides in your home, a smoker?

Housing: Home _____ Apartment _____ Other (describe) _____

Please list the approximate square footage of your residence:

Do you have a yard, and is it fenced? _____

Living Arrangement (Please list all those living with you):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an attendant? _____ Full time _____ Part Time _____

Please describe your home and your neighborhood (i.e. quiet, lots of visiting children, close to retail/commercial suburban, rural, lots of traffic, etc.)

Have you ever had a dog? Describe your experience with your dog: _____

Do other animals live with you or visit you frequently? If so, please describe (including breed, sex and age). Who is responsible for the care of these animals?

****PLEASE NOTE:** *Eligibility will be considered on a **case by case basis** if other pets are currently residing in the home.*

Who will assist in the daily care and training of your dog, if appropriate? _____

Does anyone in your household have concerns about having a service/companion dog in their home? If so, please describe: _____

Are you (or anyone in your household) allergic to animals? _____

Are you (or anyone in your household) concerned about fleas, shedding? _____

Are you currently employed? If so, do you want your dog to assist you while at work? In what way? _____

Have you discussed with your employer/coworkers having a dog in the workplace? Are they supportive? _____

Are you currently in school? If so, do you want your dog to assist you while in school? In what way? **PLEASE NOTE: Service dogs attending school with individuals 12 yrs. and younger will be determined on an individual basis!** _____

Have you discussed with your principal/teachers having a dog in school? Are they supportive? _____

Describe your means of transportation: _____

Are you available to attend a two-week training camp in KS? _____

How do you feel a service/companion dog could improve your life? With what specific tasks would you hope a dog could help you? _____

Please tell us more about yourself -activities, hobbies, clubs, interests, etc.: _____

Are there other concerns or questions that we may address? _____

Your signature is required for your application to be processed. By including your Social Security Number (SSN) in addition to your signature, you are authorizing Paws for Freedom, Inc. to issue a credit check in the event that you are selected to receive a service dog. If you are under the age of 18, do not include your SSN. The parent or duly

authorized representative is required to submit his or her SSN, thereby authorizing Paws for Freedom, Inc. to issue a credit check.

Applicant signature: _____ Date: _____

Social Security Number (If over the age of 18 years):

If the above applicant is a minor or under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below and include his or her Social Security Number for a credit check pursuant to state and federal law.

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

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Date Received: _____ Received By: _____

Application Complete: Yes No Meets program requirements Yes No

Interview Scheduled: _____ Pre-Interview Form Sent: _____

Method of Interview: Phone Video In Person Other _____